Name in Full

Certificate of Death

Laura Francis Ashley

Died at Town: Edesville County: Kent MARYLAND

Date 189 Month: Dec. Day: 24 Age Y. 49 M. D.

Native of: Maryland Occupation: Housekeeper

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

~~Number of children living~~

Husband of Wife

Father's Name: Joseph Ashley

Mother's Name: Alpheus Ashley

Cause of Death — Primary: Rheumatism — How long sick: 4 days

Immediate: Valvular dis. of Heart

~~Accident, Suicide, Homicide~~

Reported by: J. R. Willson M. D.

Address: Edesville Kent Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Name in Full

Allen Biggs

Certificate of Death

Died at Town Georgetown County Kent MARYLAND

Date 1898 Month 12 Day | Age Y. 48 M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name 1429 | Mother's Name

Cause of Death { Primary Drinking laudanum | How long sick

{ Immediate

~~Accident~~, Suicide, ~~Homicide~~

Reported by Transcript 1-6

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Dr. Scott
Coroner Ger. A. Ransel.

Name in Full

Certificate of Death

Ida May Brambles

Died at Town: Reisterstown County: Balt MARYLAND

Date 1898 Month: Oct. Day: 12. Age Y. 8 M. D. Native of Md. Occupation none.

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced ~~Number of children living~~

Husband / Wife of twin

Father's Name Geo. J. Brambles Mother's Name Sarah E Brambles

Cause of Death: Primary Premature birth 13 days How long sick

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by Chas. H. Leland M.D.

Address Reisterstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65668

Name in Full — Certificate of Death

Francis A. Leaver

Town — County

Died at — Kent — MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation

Date 189 8 — 12 — Age

~~Male~~ — White — Married — ~~Widow~~ — ~~Divorced~~

Female — Colored — ~~Single~~ — ~~Widower~~ — Number of children living

~~Husband~~ Wife of Joseph Leaver

Father's Name — Mother's Name 14

Cause of Death — Primary: Effects of a cat scratch — How long sick

Immediate: Blood poisoning — Accident, Suicide, Homicide

Reported by Kent Ferd 12/17

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full — Certificate of Death

Mary Anne Danby

Died at Chestertown (Town) Kent Co., (County) MARYLAND

Date 1898 Month Dec Day 6 | Age Y. 71 M. yrs. D. | Native of Chestertown | Occupation Cook

~~Male~~ ~~White~~ Married Widow Divorced

Female Colored ~~Single~~ ~~Widower~~ Number of children living One

Husband / Wife of Unknown

Father's Name Unknown | Mother's Name Unknown

Cause of Death — Primary: Typhoid Fever 1 | How long sick 3 weeks

Immediate: Heart Failure | Accident, Suicide, Homicide

Reported by H. L. Dodd MD

Address Chestertown, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Sarah Elizabeth Elburn

Town: Edenville — County: Kent — MARYLAND

Died at Edenville

Month	Day	Y.	M.	D.	Native of	Occupation
12	8	13			Maryland	School girl

Date 189 8

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of

Father's Name: Thomas J. Elburn

Mother's Name: Sarah Elizabeth Elburn

Cause of Death — Primary: Gun Shot wound of Abdomen — How long sick: 12 hours

Immediate: Internal Hemorrhage — Accident, ~~Suicide, Homicide~~

Reported by: D. V. B. Millsaw

Address: Edenville — Kent Co, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6858

Name in Full Infant Garey

Certificate of Death

Died at Town Kennedyville County Kent MARYLAND

Date 1898 Month Dec Day 13 | Age Y. one M. hour D. Native of Kent Co. Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living

Husband / Wife of

Father's Name Harry R. Garey

Mother's Name Agnes Meguiver

Cause of Death: Primary Premature birth. 138 hr. How long sick

Immediate Exhaustion.

~~Accident Suicide Homicide~~

Reported by C. Irwin Barwick M.D.

Address Kennedyville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Name in Full Becky Gleau Gleen

Certificate of Death

Town Lankford. County Kent. MARYLAND

Died at

Month Day Y. M. D. | Native of | Occupation

Date 189 8 Dec. 12. Age 80. Md. Home.

~~Male~~ Female ~~White~~ Colored ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living 6

Husband of
Wife

Father's Name Caundy Day. Mother's Name Barrett Day.

Cause of Death: Primary Consumption 22a. How long sick Barrett Day.

Immediate Exhaustion.

~~Accident, Suicide, Homicide~~

Reported by Chas A. Whaland M.D.

Address Chestertown Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65065

Name in Full — Certificate of Death

Mary A. P. Gough

Died at — Town: Betterton — County: Kent — MARYLAND

Date 189 — Month: Dec — Day: 31 — Age: Y. 23 M. 8 D. — Native of: Balto — Occupation: Housewife

~~Male~~ — White — Married — ~~Widow~~ — ~~Divorced~~

Female — ~~Colored~~ — ~~Single~~ — Widower — Number of children living 1

~~Husband~~ / Wife of Harvey H. Gough 121

Father's Name: Edward Hedges — Mother's Name: Mary A Hedges

Cause of Death — Primary: ~~Hemorrhage~~ Child Birth — How long sick: one day

Immediate: Convulsions Due to Hemorrhage ~~Accident, Suicide, Homicide~~

Reported by: Jas W. Riley

Address: Still Pond Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full

Certificate of Death

Emma Kendall

Died at Town: Near Rock Hall County: Kent MARYLAND

Date 1898 Month: Dec Day: 24 | Age Y.: 34 M.: D.: | Native of: Maryland | Occupation: Housewife

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living: Five

~~Husband~~ Wife of Walter R. Kendall

Father's Name: Wm R Glen | Mother's Name: Georgie Anna Glen

Cause of Death: Primary: Various Veins of Leg. | How long sick:

Immediate: Hemorrage from ruptured Vein | Accident, Suicide, Homicide:

Reported by: L. P. Willson

Address: Edesville Kent Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, E5065

Name in Full Samuel Mariner — Certificate of Death

Died at Town Rockhall County Kent — MARYLAND

Date 1898 Month Dec. Day 16 | Age Y. 74 M. D. 8 | Native of Md. | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / Widower | ~~Divorced~~ / ~~Number of children living~~

Husband / ~~Wife~~ of

Father's Name George Mariner | Mother's Name Mary Mariner

Cause of Death — Primary: Convulsions 48 hours | How long sick 24 hours

Immediate: Heart failure | Accident, Suicide, Homicide

Reported by Halton O. Selby M.D.

Address Rockhall Kent Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Thos. Hyland Price Murphey

Certificate of Death

-

Died at Town Chestertown County Kent MARYLAND

Date 1898 Month 12 Day 16th Age Y. 73 M. — D. —

Native of Kent Occupation Merchant

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 2

~~Wife~~ Husband of Rosaline Mooney

Father's Name Jr Cuffie Murphey

Mother's Name Anna Rothwell Price

Cause of Death: Primary. Arteria Sclerosis 5-9 How long sick 2 ~~yrs~~ days

Immediate Cerebral Hemorrhage

Accident, Suicide, ~~Homicide~~

Reported by M Frank Hynes

Address Chestertown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Annie M Noblett

Died at Town Kennedyville County Kent MARYLAND

Date 189 8 Month Dec Day 15 Age Y. 64 M. — D. — Native of Maryland Occupation Housewife

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 5

~~Husband~~ Wife of Nathan Noblett

Father's Name unknow

Mother's Name 22a

Cause of Death { Primary Pulmonary Phthisis How long sick for year

Immediate

~~Accident, Suicide, Homicide~~

Reported by Jas. W. Orrie. M. D.

Address Stillpond Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Alice Pennington

Died at Galena (Town) Kent (County) MARYLAND

Date 1898 — Month 12 Day 29 — Age Y. 9 M. D. — Native of — Occupation

~~Male~~ Female — White Colored — ~~Married~~ Single — ~~Widow~~ Widower — ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name John Pennington — Mother's Name

Cause of Death: Primary 161 — How long sick

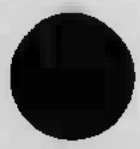
Immediate — Accident, Suicide, Homicide

Reported by Transcript 1-6-

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name in Full

R. A. Pennington

Certificate of Death

Died at Town: Fredericktown County: Kent MARYLAND

Date 189 8 Month: 12 Day: 29 | Age Y. 6 M. 9 D. | Native of | Occupation

Male ~~Female~~ | White Colored | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 6

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Transcript 1-6

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 75708

Buried Galena cemetery.

Name in Full — Certificate of Death

Howard P. Richards

Died at Town: Chestertown — County: Kent. — MARYLAND

Date 189[illegible] Month: Dec. Day: 21 | Age Y. 8. M. D. | Native of: Md | Occupation: none.

Male / ~~Female~~ — ~~White~~ / Colored — ~~Married~~ / Single — Widow / ~~Widower~~ — ~~Divorced~~ / Number of children living

Husband of
Wife

Father's Name: Rev. Daniel Richards — Mother's Name: Mary F. Richards.

Cause of Death — Primary: Pneumonia 72 hours — How long sick: 6 days

Immediate: Congestion of brain — ~~Accident, Suicide~~, Homicide

Reported by: Edward Holland M.D.

Address: Chestertown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name In Full

Certificate of Death

Edna E. Robinson

Died at Town: Tankford County: Kent — MARYLAND

Date 1898 Month: 12 Day: 10 | Age Y. 4 M. 4 D. 13 | Native of Kent Co | Occupation

~~Male~~ Female | White ~~Colored~~ | Married Single | Widow Widower | Divorced | Number of children living

Husband of Wife

Father's Name Wright Robinson | Mother's Name Amelia Robinson

Cause of Death: Primary Typhoid Fever 1 | How long sick 21 days

Immediate Peritonitis | Accident, Suicide, Homicide

Reported by H. Benge Simmons,

Address Chesterlown [redacted] Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Vernon Edward Taylor.

Certificate of Death

Died at Town Still Pond Md. County Kent. MARYLAND

Date 1898 Month 12 Day 22 | Age Y. 9 M. D. | Native of Kent | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ Number ~~of children living~~

Husband / Wife of

Father's Name E. M. Taylor. | Mother's Name Josephine Taylor 82

Cause of Death: Primary

Immediate Marasmus.

How long sick 9 months

~~Accident, Suicide, Homicide~~

Reported by W. S. Maxwell.

Address Still Pond. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65068

Name in Full — Certificate of Death

Mary Hadley

Town — County

Died at Near Catonsville — Kent — State of MARYLAND

Date 189	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	Dec	29		21			State	wife

~~Male~~ Female — ~~White~~ Colored — Married — ~~Single~~ — ~~Widow~~ Widower — ~~Divorced~~ — Number of children living 2.

~~Husband~~ Wife of James Hadley

Father's Name Charles Insley — Mother's Neme Emma Insley

Cause of Death — Primary: Consumption — How long sick: 2 months 2 days

Immediete — Accident, Suicide, Homicide

Reported by Wm H Knowles

Address Still Pond Md.

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 78706

Attended by Dr. Wm S. Harwell

of Still Pond, Md

Seen by Coroner

on of

Information contained in this certificate received from Isaac Hall.

of Jackson, Md.

Name in Full Sarah E. Willis

Certificate of Death

Town Pinnacle County Kent MARYLAND

Died at

Date 1896 Dec. 6 Month Day Age Y. 51 M. D.

Native of Md. Occupation None.

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 7.

Husband of Wife Sarah E. Willis

Father's Name Unknown

Mother's Name Unknown

Cause of Death: Primary Cancer Breast 161 — How long sick Sick at first visit

Immediate Cancer Breast

Accident, Suicide, Homicide

Reported by Chas. Wrightson M.D.

Address Chestertown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85068

Name in Full

Certificate of Death

Jeremiah Wilson

Died at Town: Chestertown County: Kent — MARYLAND

Date 1898 Month: 12 Day: 5 | Age Y.: 48 M.: D.: | Native of | Occupation

Male ~~Female~~ | ~~White~~ Colored | ~~Single~~ Married | Widow Widower | Divorced

Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary: Fall from balloon — How long sick: 4 years

Immediate: anasarca — 155a — Accident, Suicide, Homicide

Reported by H. Benge Simmons

Address Chestertown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B